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# Dealing with Disabilities: Tips for First Responders

## Introduction

Dear First Responder:

Whether you are responding to an emergency caused by natural forces such as a fire, flood or tornado, or one caused by a terrorist attack, you may encounter persons with some type of disability who will require assistance. Some disabilities, such as those involving physical impairments may be obvious. Other disabilities, such as mental illness, are more difficult to detect. In many cases, you can't tell just by looking at the person whether they have a disability.

Many first responders have requested quick, easy- to-use procedures for assisting persons with disabilities. These tip sheets provide information about many types of disabilities you can use during emergencies as well as during routine encounters. They are not meant to be comprehensive, but contain specific information that you can read quickly either before or while you are actually responding to an incident.

If you would like more information about how to best assist persons with disabilities or have suggestions for future editions of this guide, please contact us.

## Seniors

**Always ask the person how you can best assist them.**

- Some elderly persons may respond more slowly to a crisis and may not fully understand the extent of the emergency. Repeat questions and answers if necessary. Be patient! Taking time to listen carefully or to explain again may take less time than dealing with a confused person who may be less willing to cooperate.
- Reassure the person that they will receive medical assistance without fear of being placed in a nursing home.
- Older people may fear being removed from their homes be sympathetic and understanding and explain that this is temporary.
- Before moving an elderly person, assess their ability to see and hear; adapt rescue techniques for sensory impairments.
- Persons with a hearing loss may appear disoriented and confused when all that is really “wrong” is that they can’t hear you. Determine if the person has a hearing aid. If they do, is it available and working? If it isn’t, can you get a new battery to make it work?
- If the person has a vision loss, identify yourself and explain why you are there. Let the person hold your arm and then guide them to safety.
- If possible, gather all medications before evacuating. Ask the person what medications they are taking and where their medications are stored. Most people keep all their medications in one location in their homes.
- If the person has dementia, turn off emergency lights and sirens if possible. Identify yourself and explain why you are there. Speak slowly, using short words in a calming voice. Ask yes or no questions: repeat them if necessary. Maintain eye contact.

## People with Service Animals

**Traditionally, the term “service animal” referred to seeing-eye dogs. However, today there are many other types of service animals.**

- Remember – a service animal is not a pet.
- Do not touch or give the animal food or treats without the permission of the owner.
- When a dog is wearing its harness, it is on duty. In the event you are asked to take the dog while assisting the individual, hold the leash and not the harness.
- Plan to evacuate the animal with the owner. Do not separate them!
- Service animals are not registered and there is no proof that the animal is a service animal. If the person tells you it is a service animal, treat it as such. However, if the animal is out of control or presents a threat to the individual or others, remove it from the site.
- A person is not required to give you proof of a disability that requires a service animal. You must accept that he/she has a disability. If you have doubts, wait until you arrive at your destination and address the issue with the supervisors in charge.

- The animal need not be specially trained as a service animal. People with psychiatric and emotional disabilities may have a companion animal. These are just as important to them as a service animal is to a person with a physical disability – please be understanding and treat the animal as a service animal.
- A service animal must be in a harness or on a leash, but need not be muzzled.

## **People with Mobility Impairments**

- Always ask the person how you can help before attempting any assistance. Every person and every disability is unique – even though it may be important to evacuate the location where the person is, respect their independence to the extent possible. Don't make assumptions about the person's abilities.
- Ask if they have limitations or problems that may affect their safety.
- Some people may need assistance getting out of bed or out of a chair, but CAN then proceed without assistance. Ask!
- Here are some other questions you may find helpful.
  - "Are you able to stand or walk without the help of a mobility device like a cane, walker or a wheelchair?"
  - "You might have to [stand] [walk] for quite awhile on your own. Will this be ok? Please be sure and tell someone if you think you need assistance."
  - "Do you have full use of your arms?"
- When carrying the person, avoid putting pressure on his or her arms, legs or chest. This may result in spasms, pain, and may even interfere with their ability to breathe.
- Avoid the "fireman's carry." Use the one or two person carry techniques.

## **Crutches, Canes or Other Mobility Devices**

- A person using a mobility device may be able to negotiate stairs independently. One hand is used to grasp the handrail while the other hand is used for the crutch or cane. Do not interfere with the person's movement unless asked to do so, or the nature of the emergency is such that absolute speed is the primary concern. If this is the case, tell the person what you'll need to do and why.
- Ask if you can help by offering to carry the extra crutch.
- If the stairs are crowded, act as a buffer and run interference for the person.

## **Evacuating Wheelchair Users**

- If the conversation will take more than a few minutes, sit down to speak at eye level.
- Wheelchair users are trained in special techniques to transfer from one chair to another. Depending on their upper body strength, they may be able to do much of the work themselves.
- Ask before you assume you need to help, or what that help should be.

## **Carrying Techniques for Non-Motorized Wheelchairs**

The In-chair carry is the most desirable technique if possible.

- **One-person assist:**
  - Grasp the pushing grips, if available.
  - Stand one step above and behind the wheelchair.
  - Tilt the wheelchair backward until a balance (fulcrum) is achieved.
  - Keep your center of gravity low.
  - Descend frontward.
  - Let the back wheels gradually lower to the next step.
- **Two-person assist:**
  - Positioning of second rescuer:
  - Stand in front of the wheelchair.
  - Face the wheelchair.
  - Stand one, two, or three steps down (depending on the height of the other rescuer).
  - Grasp the frame of the wheelchair.
  - Push into the wheelchair.
  - Descend the stairs backward.

## **Motorized Wheelchairs**

- Motorized wheelchairs may weigh up to 100 pounds unoccupied, and may be longer than manual wheelchairs. Lifting a motorized wheelchair and user up or down stairs requires two to four people.
- People in motorized wheelchairs probably know their equipment much better than you do! Before lifting, ask about heavy chair parts that can be temporarily detached, how you should position yourselves, where you should grab hold, and what, if any, angle to tip the chair backward.
- Turn the wheelchair's power off before lifting it.
- Most people who use motorized wheelchairs have limited arm and hand motion. Ask if they have any special requirements for being transported down the stairs.

## **People Who Are Mentally Ill**

- You may not be able to tell if a person is mentally ill until you have begun the evacuation procedure.
- If a person begins to exhibit unusual behavior, ask if they have any mental health issues you need to be aware of. However, be aware that they may or may not tell you. If you suspect someone has a mental health issue, use the following tips to help you through the situation.
- In an emergency, the person may become confused. Speak slowly and in a normal speaking tone.
- If the person becomes agitated, help them find a quiet corner away from the confusion.
- Keep your communication simple, clear and brief.

- If they are confused, don't give multiple commands – ask or state one thing at a time.
- Be empathetic – show that you have heard them and care about what they have told you. Be reassuring.
- If the person is delusional, don't argue with them or try to "talk them out of it". Just let them know you are there to help them.
- Ask if there is any medication they should take with them.
- Try to avoid interrupting a person who might be disoriented or rambling – just let them know that you have to go quickly.
- Don't talk down to them, yell or shout.
- Have a forward leaning body position – this shows interest and concern.

## **People who are Visually Impaired**

- There is a difference between visual impairment and blindness. Some people who are "legally blind" have some sight, while others are totally blind.
- Announce your presence, speak out, and then enter the area.
- Speak naturally and directly to the individual.
- Do not shout.
- Don't be afraid to use words like "see," "look," or "blind."
- State the nature of the emergency and offer them your arm. As you walk, advise them of any obstacles.
- Offer assistance but let the person explain what help is needed.
- Do not grab or attempt to guide them without first asking them.
- Let the person grasp your arm or shoulder lightly for guidance.
- They may choose to walk slightly behind you to gauge your body's reactions to obstacles.
- Be sure to mention stairs, doorways, narrow passages, ramps, etc.
- When guiding someone to a seat, place the person's hand on the back of the chair.
- If leading several individuals with visual impairments, ask them to guide the person behind them.
- Remember that you'll need to communicate any written information orally.
- When you have reached safety, orient the person to the location and ask if any further assistance is needed.
- If the person has a service animal, don't pet it unless the person says it is ok to do so. Service animals must be evacuated with the person.
- Refer to the section on People with Service Animals.

## **People Who are Deaf or Hard of Hearing**

- There is a difference between hard of hearing and deaf. People who are hearing impaired vary in the extent of hearing loss they experience. Some are completely deaf, while others can hear almost normally with hearing aids on.
- Hearing aids do not guarantee that the person can hear and understand speech. They increase volume, not increase clarity.

- If possible, flick the lights when entering an area or room to get their attention.
- Establish eye contact with the individual, not with the interpreter, if one is present.
- Use facial expressions and hand gestures as visual cues.
- Check to see if you have been understood and repeat if necessary.
- Offer pencil and paper. Write slowly and let the individual read as you write.
- Written communication may be especially important if you are unable to understand the person's speech.
- Do not allow others to interrupt you while conveying the emergency information.
- Be patient – the person may have difficulty understanding the urgency of your message.
- Provide the person with a flashlight to signal their location in the event they are separated from the rescue team. This will facilitate lip-reading or signing in the dark.
- While written communication should work for many people, others may not understand English well enough in English to understand written instructions. Keep instructions simple, in the present tense and use basic vocabulary.

## **People with Cognitive Disabilities**

### **Say:**

- My name is.... I'm here to help you, not hurt you.
- I am a ... (name your job).
- I am here because ... (explain the situation).
- I look different than my picture on my badge because ... (for example, if you are wearing protective equipment).

### **Show:**

- Your picture identification badge (as you say the above).
- That you are calm and competent.

### **Give:**

- Extra time for the person to process what you are saying and to respond.
- Respect for the dignity of the person as an equal and as an adult (example: speak directly to the person).
- An arm to the person to hold as they walk. If needed, offer your elbow for balance.
- If possible, quiet time to rest (as possible, to lower stress/fatigue).

### **Use:**

- Short sentences.
- Simple, concrete words.
- Accurate, honest information.

- Pictures and objects to illustrate your words. Point to your ID picture as you say who you are, point to any protective equipment as you speak about it.

### **Predict:**

- What will happen (simply and concretely)?
- When events will happen (tie to common events in addition to numbers and time, for example, "By lunch time..." "By the time the sun goes down...").
- How long this will last – when things will return to normal (if you know).
- When the person can contact/rejoin loved ones (for example: calls to family, re-uniting pets).

### **Ask for/Look for:**

- An identification bracelet with special health information.
- Essential equipment and supplies (for example: wheelchair, walker, oxygen, batteries, communication devices [head pointers, alphabet boards, speech synthesizers, etc.]).
- Medication.
- Mobility aids (for example, assistance or service animal).
- Special health instructions (for example: allergies).
- Special communication information (for example, is the person using sign language)?
- Contact information.
- Signs of stress and/or confusion (for example, the person might say [s] he is stressed, look confused, withdraw, start rubbing their hands together).
- Conditions that people might misinterpret (for example, someone might mistake Cerebral Palsy for drunkenness).

### **Repeat:**

- Reassurances (for example, "You may feel afraid. That's ok. We're safe now.")
- Encouragement (for example, "Thanks for moving fast. You are doing great. Other people can look at you and know what to do").
- Frequent updates on what's happening and what will happen next. Refer to what you predicted will happen, for example: "Just like I said before, we're getting into my car now. We'll go to... now".

### **Reduce:**

- Distractions. For example: lower volume of radio, use flashing lights on vehicle only when necessary.

### **Explain:**

- Any written material (including signs) in everyday words.
- Public address system announcements in simple words.

**Share:**

- The information you've learned about the person with other workers who'll be assisting the person.

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